

STATE FIRE MANAGEMENT ASSISTANCE GRANT APPLICATION

Application Identifier: _____ **State Number:** _____
Federal Disaster Number: _____

Federal Catalog Number: _____ **Title:** _____

Declaration Date: _____

Applicant's FEMA Project Application Number: _____

Legal Applicant Recipient:

Applicant's Name: _____

Street Address: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Applicant Agent:**Contact Information:**

Name: _____

Phone: _____

Title: _____

Fax: _____

Email: _____

Signature: _____ Date: _____

Type of Applicant:

A – State

B – County

C – City

D – Fire District

E – Special Purpose District

F – Indian Tribe

G – Other (Specify) _____

Enter Appropriate Letter: _____

Congressional District Number: _____

State Legislative District Number(s): _____

Governor's Authorized Representative, Alternate:

Signature: _____ **Date:** _____